

REVISED Restore Illinois Recommendations and Guidance for Home Visiting, Doula, and Coordinated Intake Programs

Developed in consultation with IDPH
and the Executive Committee of the Home Visiting Task Force

Revised June 30, 2021 and subject to change

This guidance has been approved by the Illinois State Board of Education (ISBE), Illinois Department of Human Services (IDHS), Maternal, Infant, and Early Childhood Home Visiting program (MIECHV), and the Chicago Department of Family and Support Services (DFSS). Early Head Start and Head Start home visiting programs should follow the guidance from the Office of Head Start. This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#). This guidance is consistent with the Health Resources and Services Administration's (HRSA) [guidance on mitigation of risk for home visiting](#). Programs should continue to adhere to the latest guidance from local health departments, IDPH, Governor Pritzker, and the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19.

To Illinois home visiting, doula, and coordinated intake programs,

Thank you for all that you continue to do to support home visiting families and staff.

As you know, the basis of home visiting is the one-to-one relationship. We recognize that in most cases, these relationships develop most effectively in person. Studies have shown that many families have experienced isolation and lower access to food and other basic items during the pandemic. Many families experienced barriers that prevented them from participating fully in virtual services, and we have heard from programs that both staff and families are eager to resume in-person services.

As of June 30, 2021, all Illinois regions are in the [Phase 5](#). The [Regional Phase Dashboard](#) maintains up-to-date lists of the current phase progression for all eleven Illinois Regions.

The CDC recommends that everyone ages 12 and older receive the coronavirus vaccine. Now that the vaccine has become widely available, in-person visits and groups are allowed in Phase 4, the Bridge Phase, and Phase 5, as summarized below, and health and safety guidelines have been updated. Please see the table on page 3 for an updated overview of the guidance for each phase of the Restore Illinois Plan. During the [Bridge Phase](#) and Phase 5, we expect that in-person services will be restored in most cases (with exceptions, including those related to family choice and [at-risk medical conditions](#)).

Precautions should be based on the level of risk of the most at-risk individuals involved. While the CDC and Illinois may lift masking and social distancing requirements for fully vaccinated individuals in many situations, this guidance retains those requirements because home visiting, doula, and coordinated intake programs serve [pregnant persons \(who are at increased risk for several COVID-19 illness\)](#) and young children (who are not yet able to receive the vaccine). We will update this guidance as needed.

This guidance is not intended to address all situations and questions. Before restoring in-person services, programs must first create internal policies and procedures to resolve some of these questions for your organization (see pages 4-7 for details and pages 8-11 for sample screeners and checklists).

Health and safety for families and staff continue to be the central focus, especially understanding the toll COVID-19 has had on families and communities of color across Illinois. All funders continue to offer maximum flexibility throughout the pandemic. For example, [ISBE's ECBG FAQ](#) states: "Programs that are unable to serve their funded enrollment will not receive a reduced allocation." We continue to encourage staff and supervisors to take self-care measures and be proactive in stress management. Some resources are available on the [GOECD COVID-19 webpage for providers](#). In addition, programs may seek [Infant/Early Childhood Mental Health Consultation](#).

For general updates on COVID-19, please refer to [Illinois Department of Public Health guidance](#) and the [CDC website dedicated to COVID-19](#). Additional resources can be found on page 7.

In summary, in-person services are allowed in Phase 4, Bridge Phase, and Phase 5, as described below:

- **Health and safety precautions must be maintained during all in-person services (see pages 4-7).** Precautions should be based on the level of risk of the most at-risk individual(s) participating in services.
- **In-person contacts or visits may take place outdoors or indoors, while masked and distanced, regardless of the vaccination status of the family or worker.**
 - The following mitigation efforts are good practices to minimize transmission risk during all contacts:
 - keep visits under 90 minutes, especially when indoors;
 - conduct contacts and visits outdoors rather than indoors, when possible;
 - improve air circulation or ventilation during contacts conducted indoors;
 - minimize the number of people present during the visit.
 - Because home visiting and doula families include pregnant women (at increased risk) and/or young children (unable to receive a vaccine), it is recommended that these in-person services be conducted by fully vaccinated workers when possible, especially in communities where new cases and test positivity remain relatively high. See county-level data on the [CDC](#) or [IDPH](#) websites and stay in touch with your local or county health department.
- **Limit in-person caseloads to 20 families.** In-person visits are limited to no more than 20 families per worker. (Workers carrying a caseload of more than 20 would meet with the other families virtually.) Consider visiting any families with at-risk individuals first in the day, to reduce the chances of contamination from other households.
- **In-person groups are allowed outdoors or indoors, while masked and distanced.** Follow the Restore Illinois limits for similar group activities in the current Phase. For example, see the group limits for [Phase 4](#) and the [Bridge Phase](#).
- **Family choices should be respected.** Some families may choose not to meet in person. This may be due to the presence of household members with at-risk health conditions or for other reasons. The option of virtual services should continue to be available to families throughout all phases of the pandemic, in alignment with guidance from the home visiting models.
- **Doula-attended births.** Doulas are advised to follow all of the above guidance, including the health and safety precautions. The general information in this guidance may be supplemented by hospital-specific guidelines. In all phases and mitigation tiers, consult with your local birthing hospital about doula attended births, including PPE requirements. Individual hospitals may have additional guidelines to be followed. If the local hospital allows in-person doula-attended births, then these in-person services may take place.

Here are three action steps that we are asking all Illinois home visiting, doula, and coordinated intake programs to take:

1. **Assess the equity impact when making decisions about in-person contacts and visits:** Nationally and in Illinois, communities and individuals of color have been disproportionately impacted by COVID-19. When making decisions about in-person contacts and visits, programs should consider and assess how returning to in-person services will address inequities that staff and families face, inequities that continue from historical and systemic injustices that long-preceded the pandemic. *For example, programs are encouraged to review which families have not participated during the pandemic and examine if specific populations have been more impacted by barriers to participate in virtual visits.*
2. **Continue to document the impact of COVID-19 on the program:** We request that programs continue to document the impact of the COVID-19 pandemic on their approach and their ability to engage with families and caseloads, and to contact their funder(s) with any questions about specific requirements.
3. **Develop policies and procedures:** We request that home visiting, doula, and coordinated intake programs **develop, retain onsite, and share with all staff, policies and procedures** as described on pages 4-7. These policies and procedures should be made available to funders upon their request. When developing these policies and procedures, we request that programs connect with their local health department for the most up-to-date local health guidance.

If there are questions about a community's phase or restrictions, contact your county or local health department. If you have questions or concerns about this guidance, please contact DHS.HomeVisiting@illinois.gov.

REVISED RESTORE ILLINOIS GUIDANCE FOR HOME VISITING, DOULA, AND COORDINATED INTAKE

Approved by IDHS, MIECHV, ISBE and DFSS on June 30, 2021

	Phase 1 Rapid Spread	Phase 2 Flattening	Phase 3 Recovery	Phase 4 Revitalization	Bridge Phase	Phase 5 Restored
PROGRAM ELEMENTS	Strict stay at home and social distancing guidelines are put in place, and only essential businesses remain open. Every region has experienced this phase once already and could return to it if mitigation efforts are unsuccessful.	Non-essential retail stores reopen for curbside pickup and delivery. Illinoisans are directed to wear a face covering when outside the home and can begin enjoying outdoor activities like golf, boating & fishing while practicing social distancing.	Manufacturing, offices, retail, barbershops and salons can reopen to the public with capacity and other limits and safety precautions. Gatherings of 10 people or fewer are allowed. Face coverings and social distancing are the norm.	Gatherings of 50 people or fewer are allowed, restaurants and bars reopen, travel resumes, child care and schools reopen under guidance from the IDPH. Face coverings and social distancing are the norm.	Regulations are rolled back gradually.	The economy fully reopens with safety precautions continuing. Conventions, festivals, and large events are permitted, and all businesses, schools and places of recreation can open with new safety guidance and procedures.
Home visits	Virtual visits only (refer to model guidance and your TA provider)			Virtual and in-person (masked and distanced)* Doulas: follow individual hospital guidelines for doula-attended births.+	Virtual or ink	<i>In-person and virtual (masked and distanced)*</i> <i>Doulas: same as for Phase 4 and Bridge Phase +</i>
Doula+	Virtual visits only (with permission of the birthing parent)					
Recruitment, intake, and coordinated intake	Virtual intake only					
Group activities	Virtual group activities only					
Consents and forms	Obtain virtual consents; collect "ink signatures" later			Virtual or ink	Virtual or ink	
Transitions (exits from HV)	Follow enrollment guidance from 3-5 programs and school districts					
Professional development (PD) and model requirements	Refer first to your model for guidance on training requirements and maintaining model fidelity. To explore options for training and technical assistance, please contact your TA provider. To access PD offerings provided by Start Early, please log in to your Start Early account at www.startearly.org/PLN . For PD offerings provided by Baby TALK, please refer to www.babytalk.org . For any unresolved questions, please contact your program funder(s).					
Work location	Follow your employer's guidance (in accordance with guidance from the State of Illinois, IDPH and CDC)					

*** In-person services must occur with face coverings, physical distancing, approval of the family and program, and in accordance with local health departments, IDPH and CDC.**
+ Resumption of in-person doula activities must occur in accordance with individual hospital policies.

**Throughout all phases of restoration, services must be provided in accordance with IDPH and CDC guidelines.
 This guidance is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#).**

Policy and Procedures for Restoring In-Person Services: Guidance for Home Visiting, Doula, and Coordinated Intake Programs

This guidance is current as of June 30, 2021 and is subject to change in response to developments in the pandemic, and in alignment with any future updates to the [Restore Illinois plan](#). This guidance is adapted from [HRSA Guidance on Mitigation of Risk for Home Visiting](#) and the home visiting plans from the states of Alaska and Washington. Programs should continue to adhere to the latest guidance from local health departments, IDPH, Governor Pritzker, and the Centers for Disease Control and Prevention (CDC) to limit the spread of COVID-19.

Overview

Home visiting, doula, and coordinated intake programs are asked to **develop, retain onsite, and share with all staff**, policies and procedures for restoring in-person services. When developing these policies and procedures, we request that programs connect with their local health department for the most up-to-date local health guidance. The policies and procedures should NOT be sent to your program funder(s) now, but should be made available to funders upon their request.

The policies and procedures should include the following areas, at a minimum, described on pages 4-7.

1. Health and safety precautions
 - A. Precautions recommended by IDPH
 - B. Staff accommodations
 - C. Risk assessment prior to in-person contact
 - D. Personal Protective Equipment (PPE)
 - E. Sanitation and materials
2. Communication plans with families and consent to in-person contacts
3. Documentation for contact tracing
4. Responding to COVID-19 symptoms
5. Conditions for suspending or limiting in-person services

Outline

1. Health and safety precautions

A. Programs should adopt the following health and safety precautions for in-person services (as recommended by IDPH):

- Limit mixing between groups as much as possible (keep the same families with the same worker).
- Screen both the worker and families for symptoms of COVID-19 before in-person services take place. (Workers may ask families to self-screen.)
- Minimize the number of people present during the in-person services.
- Keep visits shorter rather than longer (under 90 minutes).
- Staff and family members, excluding children under the age of 2, should wear an [appropriate and well-fitting mask](#) during in-person services. Other personal protective equipment (PPE), such as disposable gloves, may be used as well.
- Maintain at least 6 feet of distance whenever possible.
- Conduct in-person home visits outdoors whenever possible.
- When indoors, open windows or otherwise improve air circulation and ventilation whenever possible.
- Avoid shouting, singing, or other loud vocalizations that increase the concentration of potentially virus-containing respiratory droplets in the air.

- Wash or sanitize hands between visits and clean and disinfect any potentially contaminated surfaces at least once per day, as [recommended by the CDC](#). Hand washing continues to be an important part of mitigating risks from in-person services.

B. Describe your policy and procedures related to staff accommodations.

- Some staff may have [medical conditions](#) that prevent them from becoming fully vaccinated and/or put them at increased risk for severe illness related to COVID-19. Staff may also have household members with these medical conditions. For these staff, consider limiting their contacts with individuals at higher risk for severe COVID-19 illness.
- CDC guidance advises that staff members aged 65 or older, or with serious underlying health conditions, should be encouraged to talk to their healthcare provider to assess their risk and to determine if they should conduct in-person services.
- These policies and procedures should be at least as stringent as current [Illinois employer guidelines](#), [Illinois vaccine FAQs](#), and CDC [guidelines on fully vaccinated persons](#).
- Optional: for unvaccinated workers, some additional mitigation efforts may be considered.
 - Consider conducting at least once per week screening testing for COVID-19 among asymptomatic workers who conduct in-person home visits and are not yet fully vaccinated, especially in areas with higher levels of community transmission (≥ 10 new cases per 100,000 people at the county level in the past 7 days), as [recommended by the CDC for teachers and staff at K-12 schools](#).
 - County-level data on cases per 100,000 persons in the last 7 days can be found in two locations:
 - [IDPH webpage with county-level metrics](#)
 - [CDC webpage for integrated county-view data](#).
 - Consider collaborating with your local health department or local health care providers (e.g., FQHCs, pharmacies, etc.) to conduct regular rapid antigen point-of-care (POC) testing for providers entering homes. See [IDPH guidance on rapid POC testing in community-based settings and schools](#).

C. Describe your policy and procedures for ensuring that home visitors, doulas and coordinated intake workers, and families are screened or self-screened daily prior to in-person services.

- Regardless of the vaccination status of the family or the worker, no one should participate in in-person services if they have tested positive for COVID-19 in the last 14 days, if they are experiencing [symptoms of COVID-19](#), or if they have been exposed to someone who has tested positive for COVID-19 in the last 14 days.
- **A sample screening questionnaire is provided on page 8** of this document.

D. Describe your policy and procedures for ensuring proper use of personal protective equipment (PPE), such as gloves and face masks, during in-person services.

- Children under the age of 2 should not wear face coverings.
- Programs should provide PPE at no cost to workers. PPE should be changed and/or sanitized between contacts.
- Everyone present at a visit or contact (ages 2 and older) should wear at least a cloth face covering to mitigate risk of community transmission. If needed, programs should provide face coverings to all family members present (ages 2 and older), at no cost to the family.
- Refer to [Illinois guidance on face coverings](#) for additional details.

E. Describe your policy and procedures for maintaining sanitation of surfaces and materials.

- [As reported by the CDC](#), routine cleaning performed effectively with soap or detergent, at least once per day, can substantially reduce virus levels on surfaces. When focused on high-touch surfaces, cleaning with soap or detergent should be enough to further reduce the relatively low transmission risk in situations when there has not been a suspected or confirmed case of COVID-19 indoors. In situations when there has been a suspected or confirmed case of COVID-19 indoors within the last 24 hours, high-touch surfaces should be disinfected.
- Consider minimizing the use of materials that will be utilized across multiple families, unless they can be sanitized between use. Other precautions should be taken as well, including, but not limited to:
 - performing daily measurements of temperature for fever and assessments of other symptoms
 - minimizing contact with frequently touched surfaces at the home
 - avoid touching eyes, nose and mouth
 - handwashing with soap and water for at least 20 seconds before entering the home and after exiting and/or using hand sanitizer that contains at least 60% alcohol if soap and water are not available
 - monitor [FDA guidance](#) on hand sanitizers that should not be used

2. Communication Plans with Families and Consent to In-Person Services:

- **Outline your communication plan for families prior to restoring in-person contacts or visits that explain what will be different about their experience (such as use of PPE, materials, physical distancing, etc.).**
 - Programs are encouraged to develop a family-friendly re-initiation questionnaire or consent form to identify readiness to return to in-person services. Family choice should be respected, and consent may be obtained virtually or with ink signatures. **A sample home visiting preparedness questionnaire, adapted from the Massachusetts Children’s Trust, is included on pages 9-10 of this document, in English and Spanish.**
 - Programs are encouraged to seek feedback from families on their communications and approaches, once these new in-person contacts or visits are implemented.
- **Outline your communication plan for families and staff in the case of any COVID-19 exposures, while maintaining confidentiality of the exposed individual(s).**

3. Documentation for Contact Tracing:

- **Describe your policy and procedures for documenting who is present during each in-person visit or service (for the purpose of contact tracing).**
 - To the extent possible, workers should document any persons present during the in-person contact or visit, even if those persons are not participating in the contact or visit. This documentation will support contact tracing, should anyone involved experience COVID-19 symptoms or a confirmed case of COVID-19.
 - **A sample visit checklist is provided on page 11 of this document.**

4. Responding to COVID-19 symptoms:

- **Describe your policy and procedures for staff members or families that have COVID-19 symptoms.**
 - Any staff member with signs and symptoms of a respiratory illness or related illness should not report to work. If a staff member develops signs and symptoms of illness while on the job, or if any person is found to be ill during an in-person contact or visit, the staff should stop working immediately, notify their supervisor and program funder(s), follow state and local health department protocols, and quarantine at home immediately.
 - People who have been in [close contact](#) with someone who has COVID-19 are advised

- to quarantine—excluding people who have had COVID-19 within the past 3 months or [who are fully vaccinated](#). See [CDC quarantine guidance](#) for the latest details.
- Refer to CDC recommendations on [“what to do if you are sick”](#), [“cleaning and disinfecting your building or facility when someone is sick.”](#) and [“when you can be around others if you had or likely had COVID-19.”](#)

5. Conditions for limiting or suspending in-person services

- **Describe your policy and procedures for limiting or suspending in-person services.**
 - In consultation with your local or county health department, consider limiting or suspending in-person services when your community experiences any of the following:
 - Substantial transmission (50-99 new cases per 100,000 population) or high transmission (≥ 100 new cases per 100,000 population) in the last 7 days.
 - Mitigation tiers designated by the Governor or IDPH
 - If your community experiences substantial/high transmission or mitigation tiers, consult with your local birthing hospital to find out if there are any changes to policies and procedures regarding doula attended births. If the local hospital allows in-person doula-attended births, then these in-person services may take place.

Resources

The following resources may be useful to programs when developing their policies and procedures:

- Illinois
 - [Restore Illinois: A Public Health Approach to Safely Reopen Our State](#)
 - [Illinois Department of Labor guidelines for workplace safety](#)
 - [Illinois Department of Public Health \(IDPH\) guidance for employers and employees](#)
 - [IDPH county-level data on cases per 100,000 persons in the last 7 days can be found in two locations:](#)
 - [IDPH webpage with county-level metrics](#)
 - [CDC webpage for integrated county-view data.](#)
 - [ISBE Transition Guidance for Starting School Year 2020-21](#)
 - [ISBE Considerations for Closing Out the 2019-20 School Year and Summer 2020](#)
 - [Restore Illinois Day Care Guidance from DCFS](#)
 - [Survey of Illinois Home Visiting—Impact of COVID-19](#)
 - [Illinois Model for Infant/Early Childhood Mental Health Consultation](#)
- National
 - [HRSA Guidance on Mitigation of Risk for Home Visiting](#)
 - [ACF and HRSA Joint Letter on Collaboration](#) (May 28, 2020)

Sample Screening Questionnaire

The following screening questions can be used by home visitors, doulas, and coordinated intake workers to ask themselves and their families, prior to an in-person contact:

1. Do you feel ill with any symptoms consistent with COVID-19? *For example, have you had a cough, temperature of 100.4 F or higher, shortness of breath, difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat or new loss of taste or smell?*
2. In the last 14 days, have you had contact with someone you know has COVID-19, who is under investigation for COVID-19, or who is ill with any of the symptoms above?
3. Is there anyone in the household who has a weakened immune system, is pregnant, over the age of 65, has chronic health conditions (e.g. heart disease, lung disease, diabetes), or other COVID-19 risk factors? The CDC has information on how to learn more about [people who are at higher risk](#) for severe illness.

If the response is yes to questions 1 or 2 above, then the staff should proceed with a virtual visit (i.e., telephone and/or video communication) until such time as it is deemed safe to meet in person. Individuals with symptoms should be supported in seeking medical advice and/or following local health department protocols.

If the response is yes to question 3 above, the staff may consider whether a virtual visit could be scheduled instead.

If all responses are no, in-person visits may proceed (with masking, distancing, and other health and safety precautions).

Sample Home Visiting Preparedness Questionnaire

(adapted from MA Children's Trust)

Family Choice

1. Would you like to resume/receive in-person visits? Yes No

If no, explore with participant their concerns:

If yes, please answer the following questions to ensure everyone can remain safe during visits:

Physical Space

2. Does your home allow for you and your home visitor to maintain a safe social distance (6 feet) during the visit? Yes No
3. If possible, would you be willing to have visits outside of your home (eg, front porch, yard space, local park, etc.)? Yes No

Personal Protective Equipment (PPE)

4. Will you and all others present in your household (age 2 and older) be able/willing to wear a face covering during your home visits? Yes No
5. Other than a face covering, is there any other personal protective equipment (PPE) you would like your home visitor to wear during each visit (eg, gloves)? Yes No
If yes, please indicate: _____

Other Home-Based Programs

6. Are you already being visited by another program, such as Early Intervention? Yes No

If yes, which program? _____

If yes, discuss with the family if there are services the family may wish to prioritize, and if there are ways to partner with the other services to limit the number of in-person interactions. A release of information may be needed.

Based on the above responses, home visitors and supervisors can determine if it is safe to conduct in-person visits.

Note: Home visitors should reassess safety utilizing the questionnaire with participants that have experienced a change in their living environment.

Home Visitor Name:

Participant Name:

Date of Questionnaire:

Muestra

Cuestionario de preparación para visitas al hogar

(adaptado de MA Children's Trust)

Opciones para familias

1. ¿Quiere recibir o continuar con visitas al hogar en persona? Sí No

Si la respuesta es no, explore las preocupaciones del participante:

En caso afirmativo, responda las siguientes preguntas para asegurarse de que todos puedan estar seguros durante las visitas:

Espacio físico

2. ¿Hay espacio suficiente en su hogar para permitir a usted y a su visitante mantener una distancia social segura (de 6 pies) durante la visita? Sí No
3. ¿Estaría dispuesto a recibir las visitas fuera de su casa, si es posible (por ejemplo, en el porche delantero/veranda, patio, parque, etc.)? Sí No

Equipo de Protección Personal (EPP)

4. ¿Podrán y estarán dispuestos usted y todos los demás presentes en su hogar (de 2 años o mayor) a usar una mascarilla u otra cobertura facial durante sus visitas al hogar? Sí No
5. Además de una mascarilla/cobertura facial, ¿hay algún otro equipo de protección personal (EPP) que le gustaría que su visitante usara durante cada visita (por ejemplo, guantes)? Sí No
En caso afirmativo, describa: _____

Otros programas basados en el hogar

6. ¿Está recibiendo visitas al hogar de cualquier otro programa, como Intervención Temprana (EI)? Sí No

En caso afirmativo, ¿qué programa? _____

En caso afirmativo, hable con la familia si hay servicios que la familia desee priorizar. Discuta formas de asociarse con el otro programa para limitar el número de interacciones en persona en el hogar. Es posible que se necesite un formulario de divulgación de información para comunicarse con otros proveedores de servicios.

Los visitantes domiciliarios y los supervisores pueden utilizar las respuestas anteriores para determinar si es seguro realizar visitas en persona con una familia.

Nota: En caso de cambios en la situación de vida de una familia, los visitantes domiciliarios deben completar un nuevo cuestionario con la familia.

Nombre del visitante domiciliario:

Nombre del participante:

Fecha del cuestionario:

Sample Visit Checklist

Home visitors, doula, and coordinated intake workers may consider using this checklist as a reminder of precautions. The State of Alaska created this self-checklist for providers, to help reduce the risk associated with in-person contacts.

1. Did you wash your hands or use hand sanitizer before beginning the contact or visit and at the end of the contact or visit?
2. Did you minimize contact with people?
3. Did you maintain 6 foot distance, recognizing that this won't be feasible for certain types of care?
4. Did you monitor yourself for symptoms/fever each day?
5. Did you do a telephonic screening before the in-person contact or visit, then verify the information with the family in-person, at the beginning of the contact or visit?
6. Did you keep your face mask on? Did the family use them?
7. Did you document who was present at the contact (in case this is needed later on for contact tracing)?